Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this ar amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write	e the name that is on	Hilliard	
	pictu	ur government-issued ture identification (for ample, your driver's	First name	First name
	licen	se or passport).	Middle name	Middle name
	Bring	your picture	Williams, Jr.	
	meet	ification to your ting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		ther names you have I in the last 8 years		
		de your married or len names.		
3.	your num Indiv	the last 4 digits of Social Security ber or federal vidual Taxpayer tification number	xxx-xx-1767	

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Debtor 1 Hilliard Williams, Jr.

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5. Where you live		212 Charles Avenue	If Debtor 2 lives at a different address:			
		High Point, NC 27260 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Guilford				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Hilliard Williams, Jr.			Case number (if known)					
Par	Tell the Court About	our Bankruptcy	Case					
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy						
	choosing to file under	☐ Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		Chapter 13						
8.	How you will pay the fee	about how order. If yo	you may pay. Typic	cally, if you are paying the fee yo	k with the clerk's office in your local court for rourself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card o	k, or money		
					on, sign and attach the Application for Individu	ıals to Pay		
		ū		(Official Form 103A). /ed (You may request this option	n only if you are filing for Chapter 7. By law, a	iudge mav.		
		but is not applies to	required to, waive yo your family size and	our fee, and may do so only if yo you are unable to pay the fee ir	ur income is less than 150% of the official pown installments). If you choose this option, you sail Form 103B) and file it with your petition.	erty line that		
		ине търше		rapio, i i ming i co manea (e me				
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
		Distri	ict	When	Case number			
		Distri	ict	When	Case number			
		Distri	ct	When	Case number			
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.						
		Debt	or		Relationship to you			
		Distri	ct	When	Case number, if known			
		Debt	or		Relationship to you			
		Distri		When	Case number, if known			
11.	Do you rent your	■ No. Go	to line 12.					
	residence?		your landlord obtair	ned an eviction judgment agains	t you and do you want to stay in your residence	ce?		
		_ 1000.	No. Go to line 12	,				
			Yes. Fill out Initia	al Statement About an Eviction .	Judgment Against You (Form 101A) and file it	with this		
			bankruptcy petiti	OII.				

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Deb	otor 1 Hilliard Williams,	Jr.			Case number (if known)				
Dor	t 3: Report About Any Bu		Val. Own	aa a Sala Dramiia	***				
Par	Report About Any Bu	isinesses	You Owi	i as a Sole Proprie	tor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	☐ Yes. Name and location of business						
	A sole proprietorship is a								
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any					
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, Sta	te & ZIP Code				
	separate sheet and attach it to this petition.		Chec	k the appropriate bo	ox to describe your business:				
					ness (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Rea	Estate (as defined in 11 U.S.C. § 101(51B))				
			_	•	lefined in 11 U.S.C. § 101(53A))				
				•	er (as defined in 11 U.S.C. § 101(6))				
			_	None of the above	- ' ' '				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you ir	ndicate that you are ow statement, and	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small	■ No.	I am not filing under Chapter 11.						
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Par	t 4: Report if You Own or	Have Any	y Hazardo	ous Property or An	y Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.							
	property that poses or is alleged to pose a threat	☐ Yes.							
	of imminent and identifiable hazard to		What is	the hazard?					
	public health or safety?								
	Or do you own any property that needs immediate attention?			diate attention is why is it needed?					
	For example, do you own								
	perishable goods, or								
	livestock that must be fed, or a building that needs		Where is	s the property?					
	urgent repairs?				Number, Street, City, State & Zip Code				
					Number, Street, City, State & Zip Code				

Debtor 1 Hilliard Williams, Jr. Case number (if known)

Part 5: Explain Your Efforts to

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1 Hilliard Williams, Jr.					Case number (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "in individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			□ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you	u owe that are not consu	ımer debts or busines	ss debts		
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapt	ter 7. Go to line 18.				
	Do you estimate that after any exempt	☐ Yes.	I am filing under Chapter 7 are paid that funds will be			perty is excluded and administrative expenses?		
	property is excluded and administrative expenses		□No					
	are paid that funds will be available for distribution to unsecured		☐ Yes					
	creditors?							
18.	How many Creditors do	1 -49		1 ,000-5,000	0	2 5,001-50,000		
	you estimate that you owe?	□ 50-99		☐ 5001-10,00		☐ 50,001-100,000		
		☐ 100-1 ☐ 200-9		☐ 10,001-25,0	000	☐ More than100,000		
19.		\$ 0 - \$	50,000	□ \$1,000,001	□ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion			
	estimate your assets to be worth?		01 - \$100,000					
			001 - \$500,000 001 - \$1 million		01 - \$100 million 001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$	550,000	□ \$1,000,001	□ \$1,000,001 - \$10 million □ \$500,000,001 - \$			
	estimate your liabilities to be?		001 - \$100,000		1 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		11 - \$100 million 101 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
Par	t 7: Sign Below			-				
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
						under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.		
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
I request relief in accordance with the chapter of title					ted States Code, spe	cified in this petition.		
		bankrupt and 357	cy case can result in fines u			or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
		Hilliard	Williams, Jr. e of Debtor 1		Signature of Debto	r 2		
		Executed	d on _ March 3, 2017		Executed on			
			MM / DD / YYYY		MM	I/DD/YYYY		

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Debtor 1 Hilliard Williams,	Jr.	Case number (if known)				
For your attorney, if you are	I, the attorney for the debtor(s) named in this petition	,	` ,	0 , 1		
represented by one	under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h	,	•	•		
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certificated schedules filed with the petition is incorrect.					
	/s/ Benjamin Busch	Date	March 3, 2017			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	Benjamin Busch					
	Printed name					

Email address

The Law Offices of John T. Orcutt, PC

6616-203 Six Forks Road Raleigh, NC 27615 Number, Street, City, State & ZIP Code

Contact phone (919) 847-9750

Firm name

Bar number & State

postlegal@johnorcutt.com

		mation to identify you				
Del	btor 1	Hilliard William First Name	s, Jr. Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Ba	inkruptcy Court for the	MIDDLE DISTRICT OF N	NORTH CAROLINA (NC EXE	MPTIONS)	
1	se number _					Check if this is an amended filing
	ficial Fo		Affairs for Indivi	duals Filing for B	ankruptcy	4/10
info	rmation. If m		ible. If two married people, attach a separate sheet to stion.			
Pa	rt 1: Give I	Details About Your M	arital Status and Where You	ı Lived Before		
1.	What is you	r current marital stat	us?			
	☐ Married	I				
	■ Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	st all of the places you	lived in the last 3 years. Do n	ot include where you live nov	ı.	
	Debtor 1 Pr	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
3. stat			ver live with a spouse or le			
	■ No	aka sura yau fill aut Sc	hedule H: Your Codebtors (C	fficial Form 106H)	-	
	1 es. 1016	ake sure you iiii out St	nedule 11. Tour Codebiors (C	iliciai i oitii 10011).		
Pa	rt 2 Expla	in the Sources of Yo	ır Income			
4.	Fill in the tota	al amount of income ye	mployment or from operation or received from all jobs and a have income that you receive	all businesses, including part	time activities.	calendar years?
	■ No □ Yes. Fil	II in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Official Form 107

Case number (if known)

5.	Include in and other	come regard public bene	lless of wheth fit payments;	er that inco pensions; r	ome is taxable. Extended income; inter	amples of rest; divide	ends; money collec	alimony; child suppo	royalties; and	curity, unemployment, I gambling and lottery
	List each	source and t	he gross inco	me from ea	ach source separa	ately. Do n	ot include income t	hat you listed in line	e 4.	
	□ No									
	Yes.	Fill in the de	etails.							
				Daldand				Daluta a O		
				Debtor 1 Sources Describe	of income below.	each s	income from source e deductions and ions)	Debtor 2 Sources of inco Describe below.		Gross income (before deductions and exclusions)
		y 1 of curre filed for bar	nt year until nkruptcy:	Social S	ecurity		\$2,724.00			
	r last caler anuary 1 to	ndar year: December	31, 2016)	Social S	Security		\$16,344.00			
				Life Insu Proceed			\$10,000.00			
		dar year be December		Social S	Security		\$16,344.00			
					-					
Pa	rt 3: Lis	t Certain Pa	yments You	Made Befo	ore You Filed for	Bankrupt	cy			
6.	Are eithe No.	Neither De	ebtor 1 nor D	ebtor 2 ha	rimarily consume as primarily consi family, or househo	umer deb		s are defined in 11	U.S.C. § 101	(8) as "incurred by an
		During the	-	-	l for bankruptcy, d	id you pay	any creditor a tota	ıl of \$6,425* or mor	e?	
		□ Yes	paid that cre not include	each credito editor. Do r payments t	not include paymer to an attorney for t	nts for dor his bankru	nestic support obliques	gations, such as chi	ild support ar	e total amount you nd alimony. Also, do
		* Subject	to adjustment	t on 4/01/19	and every 3 year	rs after tha	t for cases filed on	or after the date of	adjustment.	
	Yes.				re primarily consu d for bankruptcy, d			al of \$600 or more?		
		■ No.	Go to line 7							
		□ Yes		ments for d	lomestic support o			d the total amount y port and alimony. A		creditor. Do not nolude payments to an
	Creditor	's Name and	d Address		Dates of payme	ent	Total amount paid	Amount you still owe	Was this p	ayment for
7. Within 1 year before you filed for bankruptcy, di Insiders include your relatives; any general partners of which you are an officer, director, person in contr a business you operate as a sole proprietor. 11 U.S alimony.				rtners; relatives of control, or owner	any gene of 20% or	ral partners; partne more of their voting	erships of which you g securities; and an	u are a gener y managing a	al partner; corporation agent, including one fo	
	■ No									
	☐ Yes.	List all payn	nents to an in	sider.						
	Insider's	Name and	Address		Dates of payme	ent	Total amount paid	Amount you still owe	Reason for	r this payment

Debtor 1 Hilliard Williams, Jr.

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Deb	otor 1 Hilliard Williams, Jr.		Cas	e number (if k	known)				
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.								
	■ No □ Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y		this payment litor's name			
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures							
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes.								
	■ No □ Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case			
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below		erty repossessed, fo	oreclosed, g	garnished, attached	d, seized, or levied?			
	■ No. Go to line 11. □ Yes. Fill in the information below.								
	Creditor Name and Address	Describe the Property			Date	Value of the property			
		Explain what happened							
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details.		uding a bank or fin	ancial instit	ution, set off any a	amounts from your			
	Creditor Name and Address	Describe the action the	creditor took		Date action was taken	Amount			
12.	Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or ar		erty in the possessi	on of an ass	signee for the bene	efit of creditors, a			
	■ No □ Yes								
Par	t 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankrupt	cy, did you give any gifts	s with a total value	of more than	n \$600 per person	?			
	No☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts			Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankrupt No		s or contributions v	vith a total v	alue of more than	\$600 to any charity?			
	☐ Yes. Fill in the details for each gift or cont Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		contributed		Dates you contributed	Value			
Par	t 6: List Certain Losses								

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Deb	otor 1 Hilliard Williams, Jr.		(Case number	(if known)			
	or gambling?							
	■ No □ Yes. Fill in the details. Describe the property you lost and how the loss occurred	Include	ibe any insurance coverage for the le e the amount that insurance has paid. I nce claims on line 33 of Schedule A/B:	_ist pending	Date of your loss	Value of property lost		
Par	t 7: List Certain Payments or Transfer	s						
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition	prepari	ng a bankruptcy petition?			rty to anyone you		
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
17.	Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha	ditors o	or to make payments to your creditor		or transfer any prope	rty to anyone who		
	■ No □ Yes. Fill in the details.							
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.							
	■ No □ Yes. Fill in the details.							
	Person Who Received Transfer Address		Description and value of property transferred	Describe payments paid in ex	any property or received or debts	Date transfer was made		
	Person's relationship to you			•	· ·			
19.	Within 10 years before you filed for bank beneficiary? (These are often called asse ■ No ■ Yes. Fill in the details.	kruptcy t-protec	, did you transfer any property to a s tion devices.)	elf-settled tru	ust or similar device o	of which you are a		
	Name of trust		Description and value of the prop	erty transferr	red	Date Transfer was made		
Par	t 8: List of Certain Financial Accounts	s, Instru	ments, Safe Deposit Boxes, and Sto	rage Units				
20.	Within 1 year before you filed for bankru sold, moved, or transferred? Include checking, savings, money mark		•			, ,		
	houses, pension funds, cooperatives, as				iai es ili baliks, credit	unions, brokerage		

Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Del	otor 1 Hilliard Williams, Jr.		Case number (if known)	
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for bankruptcy, a	ny safe deposit box or other deposito	ry for securities,
	■ No □ Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or p	lace other than your home within 1	year before you filed for bankruptcy	?
	■ No □ Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Pai	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	, or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu
Pai	t 10: Give Details About Environmental Inform	ation		
For	the purpose of Part 10, the following definitions	apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, ground	- ·	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	defined under any environmental	law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wher	n they occurred.	
24.	Has any governmental unit notified you that you	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No			

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

☐ Yes. Fill in the details.

Name of site

Date of notice

Environmental law, if you

know it

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Debtor 1	Hilliard Williams, Jr.	
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Case number (if known)

No	26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.									
Case Title Case Number Address Court or agency Name Address Address Court or agency Name Address Case Number Case Num		■ No									
Case Number Name		☐ Yes. Fill in the details.									
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name			Name Address (Number, Street, City,		re of the case	Status of the case					
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name Address (Number, Street, City, State and ZIP Code) Employer Identification number Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No □ Yes. Fill in the details below. Name Address	Par	11: Give Details About Your Business or Cor	nnections to Any Business								
□ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address Date Issued	27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	y of t	he following connections to any	business?					
□ A partner in a partnership □ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Dates business? Include all financial institutions, creditors, or other parties. No □ Yes. Fill in the details below. Name Address Date Issued Address Date Issued Dates Dat		\square A sole proprietor or self-employed in a	trade, profession, or other activity,	eithe	r full-time or part-time						
□ An officer, director, or managing executive of a corporation □ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address Describe the nature of the business Address Describe the nature of the business Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address Date Issued		☐ A member of a limited liability company	y (LLC) or limited liability partnershi	p (LL	P)						
□ An owner of at least 5% of the voting or equity securities of a corporation ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Employer Identification number Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address Date Issued		☐ A partner in a partnership									
No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Rame of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued		☐ An officer, director, or managing executive of a corporation									
Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Address Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financia institutions, creditors, or other parties. No Yes. Fill in the details below. Date Issued Date Issued		☐ An owner of at least 5% of the voting of	r equity securities of a corporation								
Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business existed Employer Identification number Do not include Social Security number or ITIN Dates business existed No No Yes. Fill in the details below. Name Address Date Issued		■ No. None of the above applies. Go to Part	t 12.								
Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Do not include Social Security number or ITIN Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Do not include Social Security number or ITIN Dates business existed Do not include Social Security number or ITIN Dates business existed		☐ Yes. Check all that apply above and fill in	the details below for each business								
Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued			escribe the nature of the business								
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Address Date Issued			Name of accountant or bookkeeper		Do not include Social Security number of ITIN.						
institutions, creditors, or other parties. ■ No □ Yes. Fill in the details below. Name Address Date Issued					Dates business existed						
☐ Yes. Fill in the details below. Name Address Date Issued											
Name Date Issued Address											
Address											
		Address	ate Issued								

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Debtor 1 Hilliard Williams, Jr.	Case number (if known)
Part 12: Sign Below	
are true and correct. I understand that making	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Hilliard Williams, Jr.	
Hilliard Williams, Jr. Signature of Debtor 1	Signature of Debtor 2
Date March 3, 2017	Date
Did you attach additional pages to Your State ■ No □ Yes	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is ■ No	not an attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Ball	cruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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		3430 17 1020		JOCI THEO OUTOUTT TO	90 10 01 00		
Fill in this in	formation to identif	y your case and th	is filin	g:			
Debtor 1	Hilliard Wil	liams, Jr.					
D.1.	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle	Name	Last Name			
United States	s Bankruptcy Court fo	or the: MIDDLE D	ISTRIC	T OF NORTH CAROLINA (NC EXEMPTIO	ONS)		
					<u> </u>	_	_
Case number	r					[Check if this is an amended filing
Sched	Form 106A/ ule A/B: P	roperty			and a many likely the		12/15
hink it fits bes	t. Be as complete and more space is needed	d accurate as possibl	e. If two	t only once. If an asset fits in more than one married people are filing together, both are his form. On the top of any additional pages	equally responsi	ble for sup	plying correct
Part 1: Descri	ribe Each Residence,	Building, Land, or Ot	her Rea	I Estate You Own or Have an Interest In			
. Do you own	or have any legal or e	equitable interest in a	ny resid	dence, building, land, or similar property?			
П. О.	D 10		•				
□ No. Go to							
■ Yes. Who	ere is the property?						
1.1			Wha	t is the property? Check all that apply			
212 Ch	arles Avenue			Single-family home	Do not deduct s	secured clair	ms or exemptions. Put
Street add	ress, if available, or other d	escription	_	Duplex or multi-unit building	the amount of any secured claims on Schedule		
				Condominium or cooperative	Creditors Who Have Claims Secured by		s Securea by Property.
			_	Manufactured or mobile home			
High P	oint NC	27260-0000			Current value of entire property		Current value of the portion you own?
City	State	ZIP Code				00.00	\$39,400.00
•					Describe the n	ature of vo	ur ownershin interest
			☐ Other (s		Describe the nature of your ownership interes (such as fee simple, tenancy by the entireties,		
			Who	has an interest in the property? Check one	a life estate), if Sole Interes		
Guilfor	'd		_	Debtor 1 only Debtor 2 only			
County	-						
					☐ Check if the (see instruction		nunity property
				r information you wish to add about this iter	`	,	
				erty identification number:			
			Valu	uation Method (Sch. A & B) : Tax Va	alue		

Official Form 106A/B Schedule A/B: Property page 1

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Debto		Williams, .		here.		Ca	se number (if known)	
.2	If you own or have more than one, list he Carolina Biblical Gardens				-	roperty? Check all that apply family home	Do not deduct secured	I claims or exemptions. Put
	Post Office Bo	x 596			•	or multi-unit building	the amount of any sec	ured claims on Schedule D:
-	Street address, if availa	able, or other de	scription		•	minium or cooperative	Creditors Who Have C	claims Secured by Property.
					Condo	minum or cooperative		
					Manufa	actured or mobile home	0	0
,	Jamestown	NC	27282-0000		Land		Current value of the entire property?	Current value of the portion you own?
_	City	State	ZIP Code	_		nent property	\$886.80	· · · · · · · · · · · · · · · · · · ·
•	Oity	Otato	211 0000	ä	Timesh		Ψ000.00	φοσοίοι
				_	Other	Burial Plot		of your ownership interest
				14/1		-	 (such as fee simple, factoring a life estate), if know 	tenancy by the entireties, o
				_		nterest in the property? Check one	Sole Interest	ll.
	0.116			_		•	Sole interest	
_	Guilford			_ □	Debtor	2 only		
(County				Debtor	1 and Debtor 2 only	Check if this is a	ommunity property
					At leas	one of the debtors and another	(see instructions)	ommunity property
						ntion you wish to add about this it tification number:	em, such as local	
				Valu Sec	uation l	Method (Sch. A & B) : 25% ove 62A (One Occupied already)	of Sale Price	
med	one else drives. If	you lease a	vehicle, also re	port it on S	Schedule	cles, whether they are registe e G: Executory Contracts and U		vehicles you own that
• \	Yes							
3.1	Make: Buicl	k		Who has a	ın interes	st in the property? Check one		d claims or exemptions. Put cured claims on Schedule D:
	Model: Cent	ury		■ Debtor	1 only			Claims Secured by Property.
	Year: 1999			☐ Debtor	2 only		Current value of the	Current value of the
	Approximate milea	age:	88,676	☐ Debtor		btor 2 only	entire property?	portion you own?
	Other information:			☐ At least	one of th	e debtors and another		
	VIN: 2G4WS52M3X1633297							
	State Farm In	surance P	olicy#	☐ Check	if this is	community property	\$2,723.00	\$2,723.00
	1935488-D12-		-	(see inst	tructions)			
	90% Clean Re	etail						
3.2	Make: W		Who has a	ın interes	st in the property? Check one		d claims or exemptions. Put	
	Model:			_				cured claims on Schedule D: Claims Secured by Property.
				■ Debtor	,			, , ,
	Year:			Debtor:			Current value of the	Current value of the
	Approximate miles			Debtor		-	entire property?	portion you own?
	Other information:				one of th	e debtors and another		
					if this is	community property	\$0.00	\$0.00

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1	Hilliard Will	iams, Jr. Case number (if kno	wn)
		tor homes, ATVs and other recreational vehicles, other vehicles, and accessories, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
■ No			
□ Yes			
		f the portion you own for all of your entries from Part 2, including any entries for ned for Part 2. Write that number here=>	\$2,723.00
Part 3: Da	ascriba Vour Pars	onal and Household Items	
		legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	hold goods and oles: Major applia	furnishings nces, furniture, linens, china, kitchenware	
Yes.	. Describe		
		Household Goods	\$2,810.00
□ No		and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus I phones, cameras, media players, games	
		Electronics	\$425.00
Examp No Sequipm Examp No Yes. 10. Firear Exam No Yes.	other collect Describe nent for sports a ples: Sports, photo musical instr Describe ms nples: Pistols, rifle Describe	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canc	
□ No		lothes, furs, leather coats, designer wear, shoes, accessories	
		Wearing Apparel	\$600.00
□ No		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gen	ns, gold, silver
		IOWOIT	*11111111

Official Form 106A/B

De	ebtor 1	Hilliard Willia	ams, Jr	.		Case numbe	(if known) _	
13.		rm animals	hirda ha	****				
	■ No	oles: Dogs, cats, l	biras, no	rses				
	_	Describe						
	□ 163.	Describe						
	_ •	her personal an	d house	hold items you did not a	already list, in	cluding any health aids you did	not list	
	□ No	0:						
	■ Yes.	Give specific info	ormation	l				
			Possi	ble Consumer Rights	Claim(s).			
			Subje	ect to approval of sett	lement/awar	d by Bankruptcy Court.		
			1		d, no specific	c claims are known at		\$0.00
			prese	ent.				Ψ0.00
							-	
15	Δdd t	he dollar value	of all of	vour entries from Part 3	including an	y entries for pages you have att	ached	
10				here			acrica	\$3,935.00
Pa	rt 4: De	scribe Your Finan	cial Asse	ts				
Do				equitable interest in any	of the followi	ng?		Current value of the
								portion you own? Do not deduct secured
								claims or exemptions.
	0							
16.	Cash Examp	oles: Money you h	have in v	our wallet, in your home,	in a safe depos	sit box, and on hand when you file	your petition	
	□ No [′]	, ,	,	. ,	'	,	, ,	
	Yes							
						Cash		\$23.00
17.		its of money				i dan asis, abanca in anadis uniona b		
	Examp	· · · · · · · · · · · · · · · · · · ·	0 /	or other financial accounts with	•	deposit; shares in credit unions, tution, list each.	nokerage no	uses, and other similar
	□ No		•	·		•		
	Yes				Institution na	ame:		
			17.1.	Checking Account	BB&T			\$609.33
18.				cly traded stocks ent accounts with brokera	age firms, mone	ey market accounts		
	■ No			Lander Commence	_			
	⊔ Yes			Institution or issuer name	e:			
19.	-	ublicly traded steenture	ock and	interests in incorporate	ed and uninco	rporated businesses, including	an interest i	n an LLC, partnership, and
	■ No							
	☐ Yes.	Give specific info		about them				
			Na	me of entity:		% of owners	ship:	
20.	Negoti	iable instruments	include		s' checks, prom	gotiable instruments nissory notes, and money orders. by signing or delivering them.		
	■ No	J		,		, g g: ====== g====		
		Give specific info	rmation	about them				
				uer name:				
21.		nent or pension), thrift savings	accounts, or other pension or pro	fit-sharing ol	ans
	■ No		, =1(1	€, 1.00gm, 101(m), 100(b	,, oavii 193	account, or other perioder of pro-	onaning pi	

Official Form 106A/B Schedule A/B: Property page 4

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Debtor 1	Hilliard W	illiams, Jr.			Case nur	mber (if known)	
☐ Yes	. List each acco	ount separately. Type of accou	nt: Ir	nstitution name:			
Your	share of all unu			u may continue service ilities (electric, gas, wa			others
☐ Yes	i		Ir	nstitution name or indiv	idual:		
23. Annu	ities (A contrac	t for a periodic paym	nent of money to you	, either for life or for a	number of years)		
☐ Yes		Issuer name and de	escription.				
		ation IRA, in an acc), 529A(b), and 529		ABLE program, or ur	nder a qualified st	ate tuition program.	
		Institution name an	d description. Separa	ately file the records of	any interests.11 U	J.S.C. § 521(c):	
■ No	-			n anything listed in l	ne 1), and rights	or powers exercisab	le for your benefit
☐ Yes	. Give specific	information about th	em				
				intellectual property royalties and licensing			
☐ Yes	. Give specific	information about th	em				
Exan ■ No	nples: Building p	s, and other general permits, exclusive lick information about the	enses, cooperative a	association holdings, li	quor licenses, prof	essional licenses	
	r property owe					c	urrent value of the
money of	property one	a to you.				p o D	ortion you own? o not deduct secured aims or exemptions.
_	efunds owed to	o you					
□ No ■ Yes	. Give specific i	nformation about the	em, including whethe	er you already filed the	returns and the tax	x years	
			* Not Required t	o file Taxes			\$0.00
Exan ■ No	y support nples: Past due . Give specific i	·	y, spousal support, c	child support, maintena	ince, divorce settle	ment, property settlen	nent
	<i>nples:</i> Unpaid w		rance payments, disa ade to someone else	ability benefits, sick pa	y, vacation pay, w	orkers' compensation,	Social Security
	. Give specific	information					
	ests in insurand inples: Health, di		ance; health savings	account (HSA); credit	, homeowner's, or	renter's insurance	
_ :::	. Name the insu	urance company of e Company n	each policy and list it ame:	s value.	Beneficiary:		Surrender or refund value:

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1	Hilliard Williams, Jr.	Case number (if known)	Case number (if known)			
	Lifeshield Natural Insurance Policy# 1001	John Henry Williams- Nephew	\$0.00			
If you	nterest in property that is due you from someone who has d are the beneficiary of a living trust, expect proceeds from a life i one has died.		eive property because			
☐ Yes	. Give specific information					
Exam	s against third parties, whether or not you have filed a laws uples: Accidents, employment disputes, insurance claims, or righ					
■ No □ Yes	Describe each claim					
34. Other ■ No	contingent and unliquidated claims of every nature, includi	ng counterclaims of the debtor and rights to	set off claims			
_	. Describe each claim					
35. Any fi ■ No	nancial assets you did not already list					
	. Give specific information					
	the dollar value of all of your entries from Part 4, including Part 4. Write that number here	any entries for pages you have attached	\$632.33			
Part 5: Do	escribe Any Business-Related Property You Own or Have an Interes	t In. List any real estate in Part 1.				
37. Do yo u	own or have any legal or equitable interest in any business-related	property?				
■ No. G	o to Part 6.					
☐ Yes.	Go to line 38.					
	escribe Any Farm- and Commercial Fishing-Related Property You Or you own or have an interest in farmland, list it in Part 1.	wn or Have an Interest in.				
46. Do yo	u own or have any legal or equitable interest in any farm- or	commercial fishing-related property?				
_ `	. Go to Part 7. s. Go to line 47.					
□ Ye	s. Go to line 47.					
Part 7:	Describe All Property You Own or Have an Interest in That You D	id Not List Above				
	u have other property of any kind you did not already list? ples: Season tickets, country club membership					
	. Give specific information					
	IMPORTANT NOTICES:					
	(1) Valuation Method (Sch. A & B)	: FMV unless otherwise noted.				
		ormation provided by the creditor,				
	actual owners of such claims.	, , , , , , , , , , , , , , , , , , ,	\$0.00			

Official Form 106A/B Schedule A/B: Property page 6

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

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Debtor 1 Hilliard Williams, Jr. Case number (if known) List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$40,286.80 56. Part 2: Total vehicles, line 5 \$2,723.00 57. Part 3: Total personal and household items, line 15 \$3,935.00 58. Part 4: Total financial assets, line 36 \$632.33 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$7,290.33 Copy personal property total \$7,290.33 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$47,577.13

Official Form 106A/B Schedule A/B: Property page 7

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA GREENSBORO DIVISION

In Re: Hilliard Williams Jr.	Case No	
Social Security No.: xxx-xx-1767 Address: 212 Charles Avenue, High Point, NC 27260	Debtor.	Form 91C (rev. 1/21/14)

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

The undersigned Debtor hereby claims the following property as exempt pursuant to 11 U.S.C. Sections 522(b)(3)(A),(B), and (C), the North Carolina General Statues, and non-bankruptcy federal law. Undersigned Debtor is claiming and intends to claim as exempt 100% of Debtor's interest in each and every item listed, irrespective of the actual value claimed as exempt.

1. RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Each debtor can retain an aggregate interest in such property, **not to exceed a total net value of \$35,000**. (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

Description of Property & Address	Market Value	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value
House and Land: 212 Charles Avenue High Point, NC 27260	\$39,400.00	Wells Fargo Home Mortgage Synchrony Bank	\$33,263.47 \$3,707.00	\$0.00
Burial Plot: Carolina Biblical Gardens P.O Box 596 Jamestown, NC 27282 Section: Love 2 A Space: 3,4 (1 Space Occupied)	\$886.80	None	\$0.00	\$886.80

TOTAL NET VALUE:	\$886.80
VALUE CLAIMED AS EXEMPT:	\$30,000.00
UNUSED AMOUNT OF EXEMPTION:	\$5,000.00

RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Exception to \$18,500 limit: An unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in property **not to exceed \$60,000** in net value, so long as: (1) the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and (2) the <u>former co-owner of the property is deceased</u>, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below. (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

Description of Property & Address	Market	Mortgage Holder or	Amount of	Net
	Value	Lien Holder	Mortgage or Lien	Value
	minus 6%			

	(Case 17-10250 E	oc 1 Filed 03	3/03/17 Pa	age 23 of 60	
	Debtor's Age:				TOTAL NET VALUE:	
	Name of former co-owner:			VALUE CLAIMED AS EXEMPT:		
			U	NUSED AMO	UNT OF EXEMPTION:	
disr Pase purp 2.	nissal of a prior bankruptcy chal, 337 B.R. 27 (2006), those of determining compliant TENANCY BY THE ENT	case, and (2) a creditor ne debtor(s) do not claim ance as required by 11 Unitarity: All the net value of North Carolina pertains	has, prior to the filithe property as exe. S.C. 1325(a)(4). It in the following pring to property held	ng of this case mpt, in which or roperty is claim I as tenants by	s a Chapter 13 case filed with taken an "action" as that ter ease the above information is ned as exempt pursuant to 11 the entirety. (No limit on	rm is defined in <u>In re</u> provided for the solo U.S.C. § 522(b)(3)(B
		De	scription of Propert	y & Address		
1.						
2.						
	MOTOR VEHICLE EXE (N.C.G.S. § 1C-1601(a)(3))		can claim an exemp	otion in only <u>on</u>	e vehicle, not to exceed \$3,5	00.00 in net value.
	Year, Make, Model, Style of Motor Vehicle	Market Value	Lien H	older	Amount of Lien	Net Value
19	99 Buick Century	\$2,723.00	OneMain Financia	al	\$6,589.94	\$0.00
					TOTAL NET VALUE:	
				WALLE C		\$0.00
	TOOLS OF TRADE, IM \$2,000.00 in net value.) (N				tor can retain an aggregate in	\$3,500.00 interest, not to exceed
	Description	Market Value	Lien Ho	lder	Amount of Lien	Net Value
					TOTAL NET VALUE:	
				VALUE C	LAIMED AS EXEMPT:	
				VALUE C	LAIMED AS EXEMPT:	
		tet value, <u>plus</u> \$1000.00 in & NC Const., Article X,	net value for each of Section 1)		ES: Each debtor can retain a to debtor (not to exceed \$4,000	
	Description of Property	Market Value	Lien Ho	lder	Amount of Lien	Net Value
Cl	othing & Personal					\$600.00
Ki	tchen Appliances					\$100.00

\$200.00

\$200.00

Stove

Refrigerator

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	Case 17-10250	7001	1 1100 00/00/11	1 ago 2 1 01 00	
Freezer					\$300.00
Washing Machine					\$150.00
Dryer					\$100.00
China					\$100.00
Silver					\$50.00
Jewelry					\$100.00
Living Room Furniture					\$800.00
Den Furniture					\$0.00
Bedroom Furniture					\$400.00
Dining Room Furniture					\$50.00
Lawn Furniture					\$10.00
Television					\$350.00
() Stereo () Radio					\$50.00
() VCR () Video Camera					\$0.00
Musical Instruments					\$0.00
() Piano () Organ					\$0.00
Air Conditioner					\$0.00
Paintings or Art					\$0.00
Lawn Mower					\$200.00
Yard Tools					\$100.00
Crops					\$0.00
Recreational Equipment					\$75.00
Computer Equipment					\$0.00
Firearms					\$0.00

TOTAL NET VALUE:	\$3,935.00
VALUE CLAIMED AS EXEMPT:	\$5,000.00

6. LIFE INSURANCE: There is no limit on amount or number of policies. (N.C.G.S. § 1C-1601(a)(6) & NC Const., Article X, Sect. 5)

Description & Company	Insured	Last 4 Digits of Policy Number	Beneficiary (If child, use initials only)

7.	PROFESSIONALLY PRESCRIBED HEALTH AIDS: Debtor or Debtor's Dependents. (No limit on value.)	(N.C.G.S.	§ 1C-1601(a)	(7)
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Description	

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Description		Source of Compensation		Digits of unt Number
			133, 1300	
Bankruptcy Court, upon the fithis Schedule C, to be in the rest to be other than a personal injust the wildcard exemption, under in this asset, shall be deemed. D. INDIVIDUAL RETIREME THE SAME MANNER AS 1C-1601(a)(9)) (No limit on reas defined in 11 U.S.C. Section 10. COLLEGE SAVINGS PLA to exceed \$25,000. If funds we made in the ordinary course of	ling of a Motion nature of a perso jury claim only r applicable exe tolled until such NT PLANS AS AN INDIVIDU number or amou on 522(b)(3)(c). NS QUALIFIE were placed in a f the debtor's fir	n for Approval of Settlement/Awa onal injury claim, if allowed as ex- to the extent of the dollar amount emptions law. The time within what time as the Motion and Amenda S DEFINED IN THE INTERNA JAL RETIREMENT PLAN UN unt.). Debtor claims an exemption.	ly to the extent that the settlement/avard and for Allowance of Exemptions a xempt under applicable law, or to the travailable to the Debtor under anotherich the trustee may object to the claim ment are filed and served upon the trustee to the trustee to the claim ment are filed and served upon the trustee to the trustee to the claim ment are filed and served upon the trustee to	and an Amendment extent that it is for exemption, such ing of any exempt stee. LAN TREATED CODE. (N.C.G.STREMENT FUNCE) E. Total net value tions must have bettern of contribution
College Savings Plan		Last 4 Digits of Account Number	Initials of Child Beneficiary	Value
		V	ALUE CLAIMED AS EXEMPT:	
OTHER STATES. (The de	ebtor's interest i		TOTHER STATES AND GOVERN t these benefits are exempt under the C-1601(a)(11))	
Name of Retirement Pla	n	State or Governmental Unit	Last 4 Digits of Identifying Number	Value
		V	ALUE CLAIMED AS EXEMPT:	
RECEIVED OR TO WHIC	H THE DEBT	INTENANCE, AND CHILD SU OR IS ENTITLED (The debtor	PPORT PAYMENTS OR FUNDS To sinterest is exempt to the extent the potor.) (N.C.G.S. § 1C-1601(a)(12))	

|--|

13. **WILDCARD EXEMPTION:** Each debtor can retain a total aggregate interest in any other property, not to exceed a net value of \$5,000.00, or the unused portion of the debtor's <u>residence</u> exemption, <u>whichever is less.</u> (N.C.G.S. § 1C-1601(a)(2))

Description of the Property	Market Value	Lien Holder	Amount of Lien	Net Value
Any property owned by the debtor(s), not otherwise claimed as exempt.				\$4,367.67
Cash	\$223.00			\$23.00
BB&T Checking Account	\$609.33			\$609.33
Lifeshield Natural Insurance Policy Policy#1001	\$0.00			\$0.00
Lifeshield Natural Insurance Policy Policy#1001	\$0.00			\$0.00

TOTAL NET VALUE:	\$5,000.00
VALUE CLAIMED AS EXEMPT:	\$5,000.00

14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

	Amount
Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36	
Aid to the Blind N.C.G.S. § 111-18	
Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15	
North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31	
North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9	
Fireman's and Rescue Workers' Pensions N.C.G.S. § 58-86-90	
Workers Compensation Benefits N.C.G.S. § 97-21	
Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17	
Group Insurance Proceeds N.C.G.S. § 58-58-165	
Partnership Property, except on a claim against the partnership N.C.G.S. § 59-55	
Wages of Debtor necessary for the support of family N.C.G.S. § 1-362	

|--|

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

	Amount
Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060	
Social Security Benefits 42 U.S.C. § 407	

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Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	
Wages of Fishermen, Seamen and Apprentices, 46 U.S.C. § 11108 &11109	
Civil Service Retirement Benefits 5 U.S.C. § 8346	
Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	
Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m	
Veteran benefits 38 U.S.C. § 5301	
Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562	

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UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned Debtor, declares under penalty of perjury that I have read the foregoing document, consisting of 14 paragraphs on consecutive pages, and that they are true and correct to the best of my knowledge, information and belief.

Dated: March 3, 2017

s/ Hilliard Williams Jr.
Hilliard Williams Jr.

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UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA GREENSBORO DIVISION

In Re: Hilliard Williams Jr.	PROPOSED CHAPTER 13 PLA	N
Social Security No.: xxx-xx-1767	Case No	
Address: 212 Charles Avenue, High Point, NC 27260		
Debtor.		

The Debtor proposes an initial plan, which is subject to modification, as follows:

This document and the attached **CH. 13 PLAN - DEBTS SHEET (MIDDLE)** shall, together, constitute the proposed plan; and all references herein are to corresponding sections of said attached document. The terms and conditions of this proposed plan shall control and apply except to the extent that they contradict the terms and conditions of the order confirming the Chapter 13 plan entered by this Court in this case:

- Payments to the Trustee: The Debtor proposes to pay to the Trustee from future earnings consecutively monthly payments, for distribution to creditors after payment of costs of administration. See "PROPOSED PLAN PAYMENT" section for amount of monthly payment and the duration. Actual duration will be determined in accordance with the provisions set forth in the Paragraph 2 below.
- 2. <u>Duration of Chapter 13 Plan</u>: at the earlier of, the expiration of the Applicable Commitment Period or the payment to the Trustee of a sum sufficient to pay in full: (A) Allowed administrative priority claims, including specifically the Trustee's commissions and attorneys' fees and expenses ordered by the Court to be paid to the Debtor's Attorney, (B) Allowed secured claims (including but not limited to arrearage claims), excepting those which are scheduled to be paid directly by the Debtor "outside" the plan, (C) Allowed unsecured priority claims, (D) Cosign protect consumer debt claims (only where the Debtor proposes such treatment), (E) Post-petition claims allowed under 11 U.S.C. § 1305, (F) The dividend, if any, required to be paid to non-priority, general unsecured creditors (not including priority unsecured creditors) pursuant to 11 U.S.C. § 1325(b)(1)(B), and (G) Any extra amount necessary to satisfy the "liquidation test" as set forth in 11 U.S.C. § 1325(a)(4).
- 3. Payments made directly to creditors: The Debtor proposes to make regular monthly payments directly to the following creditors: See "RETAIN COLLATERAL & PAY DIRECT OUTSIDE PLAN" section. It shall not be considered a violation of the automatic stay if, after the bankruptcy filing, a secured creditor sends to the Debtor payment coupon books or monthly payment invoices with respect to debts set forth in this section of the plan.
- 4. <u>Disbursements by the Trustee</u>: The Debtor proposes that the Trustee make the following distributions to creditors holding allowed claims, after payment of costs of administration as follows: See "INSIDE PLAN" section. More specifically:
 - a. The following secured creditors shall receive their regular monthly contract payment: See "LTD Retain / DOT on Principal Res./Other Long Term Debts" section. At the end of the plan, the Debtor will resume making payments directly to the creditor on any such debt not paid in full during the life of the plan.
 - b. The following secured creditors shall be paid in full on their arrearage claims over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "Arrearage Claims" section.
 - c. The following creditors have partially secured and partially unsecured claims. The secured part of the claim shall be paid in full over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "STD Retain/Secured Debts (Paid at FMV)" and "Secured Taxes" sections.
 - d. The following secured creditors shall be paid in full over the life of the plan on a pro-rata basis with other secured claims (not including LTD claims): See "STD Retain / Secured Debts & 910 Vehicles (Pay 100%)" section.
 - e. The following priority claims shall be paid in full by means of deferred payment: See "Unsecured Priority Debts" section.
 - f. The following co-signed claims shall be paid in full, <u>plus interest at the contract rate</u>, by means of deferred payments: See "Cosign Protect Debts (Pay 100%)" section.
 - g. After payment of allowed costs of administration, priority and secured claims, the balance of the funds paid to the Trustee shall be paid to allowed, general unsecured, non-priority claims. See "General Unsecured Non-Priority Debts" section.
- 5. Property to be surrendered: The Debtor proposes to retain all property serving as collateral for secured claims, except for the following property, which shall be surrendered to the corresponding secured creditor(s): See "SURRENDER COLLATERAL" section. Unless an itemized Proof of Claim for any deficiency is filed within 120 days after confirmation of this plan, said creditor shall not receive any further disbursement from the trustee. Any personal property serving as collateral for a secured claim which is surrendered, either in the confirmation order or by other court order, which the lien holder does not take possession of within 240 days of the entry of such order shall be deemed abandoned and said lien cancelled.
- 6. Executory contracts: The Debtor proposes to assume all executory contracts and leases, except those specifically rejected. See

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"REJECTED EXECUTORY CONTRACTS / LEASES" section.

- 7. Retention of Consumer Rights Causes of Action: Confirmation of this plan shall constitute a finding that the Debtor does not waive, release or discharge but rather retains and reserves for himself and the Chapter 13 Trustee any and all pre-petition claims and any and all post-petition claims that he could or might assert against any party or entity arising under or otherwise related to any state or federal consumer statute or under state or federal common law including but not limited to fraud, misrepresentation, breach of contract, unfair and deceptive acts and practices, retail installment sales act violations, Truth in Lending violations, Home Equity Protection Act violations, Real Estate Settlement Protection Act violations, Fair Debt Collection Practices Act violations, Fair Credit Reporting Act violations, Equal Credit Opportunity Act violations, Fair Credit Billing Act violations, Consumer Leasing Act violations, Federal Garnishment Act violations, Electronic Funds Transfer Act violations, and any and all violations arising out of rights or claims provided for by Title 11 of the United States Code, by the Federal Rules of Bankruptcy Procedure, or by the Local Rules of this Court.
- 8. Standing for Consumer Rights Causes of Action: Confirmation of this plan shall vest in the Debtor full and complete standing to pursue any and all claims against any parties or entities for all rights and causes of action provided for under or arising out of Title 11 of the United States Code including but not limited to the right to pursue claims for the recovery of property of this estate by way of turnover proceedings, the right to recover pre-petition preferences, the right to pursue automatic stay violations, and the right to pursue discharge violations.
- 9. Termination of Liens: Upon the full payment of a secured party's underlying debt determined under non-bankruptcy law or the granting of a discharge pursuant to 11 U.S.C. § 1328, the secured party shall within 10 days after demand and, in any event, within 30 days, execute a release of its security interest on the property securing said claim. In the case of a motor vehicle, said secured creditor shall execute a release on the title thereto in the space provided therefore on the certificate or as the Division of Motor Vehicles prescribes, and mail or deliver the certificate and release to the Debtor or the Debtor's Attorney. Confirmation of this plan shall impose an affirmative and direct duty on each such secured party to comply with the provision and upon failure to so comply. This provision may be enforced in a proceeding filed before the Bankruptcy Court and each such creditor consents to such jurisdiction by failure to file any timely objection to this plan. Such an enforcement proceeding may be filed by the Debtor in this case either before or after the entry of the discharge order and either before or after the closing of this case. The Debtor specifically reserves the right to file a motion to reopen this case under 11 U.S.C. § 350 to pursue the rights and claims provided for herein.
- 10. <u>Jurisdiction for Non-Core Matters</u>: Confirmation of this plan shall constitute the expressed consent by any party in interest in this case, or any one or more of them, including all creditor or other parties duly listed in Schedules D, E, F, G, and H, or any amendments thereto, to the referral of a proceeding related to a case under Title 11 of the United States Code to a Bankruptcy Judge to hear and determine and to enter appropriate orders and judgments as provided for by 28 U.S.C. § 157(c)(2).
- 11. <u>Obligations of Mortgagors</u>: Confirmation of this plan shall impose an affirmative duty on the holders of all claims secured by mortgages or deeds of trust on real property of this estate to:
 - a. Pursuant to 11 U.S.C. § 1326, adequate protection payments shall not be made on allowed secured claims secured by real property prior to confirmation. This provision shall not preclude such a claim-holder from requesting additional adequate protection pursuant to 11 U.S.C. § 362(d);
 - b. Apply any payments received from the Trustee under the plan as the same is designated by the Trustee only to the pre-petition arrears provided for in the confirmed plan;
 - c. Apply any payments received from the Trustee under the plan as the same is designated by the Trustee, that is to either pre-petition interest or pre-petition principal as the case may be;
 - d. Apply all post-petition payments received from the Chapter 13 Trustee under the plan as the same is designated by the Trustee, to the post-petition mortgage obligations of the Debtor for the actual months for which such payments are designated;
 - e. Apply all post-petition payments received directly from the Debtor to the post-petition mortgage obligations due;
 - f. Refrain from the practice of imposing late charges when the only delinquency is attributable to the pre-petition arrears included in the plan;
 - g. Refrain from the imposition of monthly inspection fees or any other type of bankruptcy monitoring fee without prior approval of the Bankruptcy Court after notice and hearing;
 - h. Refrain from the imposition of any legal or paralegal fees or similar charges incurred following confirmation without prior approval of the Bankruptcy Court after notice and hearing;
 - i. Pursuant to 12 U.S.C. § 2609, 15 U.S.C. § 1602, and all other applicable state, federal and contractual requirements, promptly notify the Debtor, the Debtor's Attorney and the Chapter 13 Trustee of any adjustment in the on-going payments for any reason, including, without limitation, changes resulting for Adjustable Rate Mortgages and/or escrow changes. The Debtor specifically agrees that provision of such notice shall not constitute a violation of 11 U.S.C. § 362;
 - j. Pursuant to 11 U.S.C. § 524 and all other applicable state and federal laws, verify, at the request of the Debtor, Debtor's Attorney or Chapter 13 Trustee, that the payments received under the confirmed plan were properly applied;
 - k. Pursuant to N.C.G.S. § 45-91 and all other applicable state, federal and contractual requirements notify the Debtor, the Debtor's Attorney and the Chapter 13 Trustee with notice of the assessment of any fees, charges etc. The Debtor specifically agrees that provision of such notice shall not constitute a violation of 11 U.S.C. § 362; and
 - 1. This provision of this plan may be enforced in a proceeding filed before the Bankruptcy Court and each such secured creditor consents to such jurisdiction by failure to file any timely objection to this plan. Such an enforcement proceeding may be filed by the Debtor in this case either before or after the entry of the discharge order and either before or after the closing of this case. The Debtor specifically reserves the right to file a motion to reopen this case under 11 U.S.C. § 350 to pursue the rights and claims herein.

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- 12. <u>Arbitration</u>: Acceptance by creditors of payments under this plan and/or failure of any creditor to file an objection to confirmation of the plan herein, constitutes waiver of any right(s) of said creditor(s) to seek enforcement of any arbitration agreement and constitutes consent to the removal of any arbitration clause from any type of contract or contracts with the Debtor herein during the pendency of this case.
- 13. Post-petition tax claims: The Debtor's plan shall provide for full payment of any post-petition tax claim filed by the Internal Revenue Service which are allowed pursuant to 11 U.S.C. § 1305 (b), unless the Internal Revenue Service, after a good faith consideration of the effect such a claim would have on the feasibility of the Debtor's Chapter 13 plan, specifically agrees to a different treatment of such claim. However, any future modification of the Debtor's plan to provide for full payment of any allowed post-petition tax claim shall only occur after the filing of a motion requesting a modification of the plan to that effect.
- 14. Offers in Compromise: The Internal Revenue Service shall, pursuant to I.R.C. §7122 (a) (2002) and 11 U.S.C. §§105 and 525 (a), and notwithstanding any provisions of the Internal Revenue Manual, consider any properly tendered Offer in Compromise by the Debtor. This provision shall not be construed to require the Internal Revenue Service to accept any such Offer in Compromise, but the Internal Revenue Service shall consider such Offer in Compromise as if the Debtor was not in an on-going bankruptcy. In the event that an Offer in Compromise is accepted by the Internal Revenue Service and any tax obligation is reduced, the Chapter 13 Trustee shall review the Chapter 13 payment to determine if a reduction in the plan payment is feasible.
- 15. Adequate Protection Payments: The Debtor proposes that all pre-confirmation adequate protection payments be paid as follows:
 - a. Not later than 30 days after the date of the order for relief, the Debtor shall commence paying directly to the lessor all payments scheduled in a lease of personal property or portion thereof that become due after the said order for relief. Absent a timely objection to confirmation of the proposed plan, it shall be presumed that the Debtor has made such payments as required by 11 U.S.C. § 1326(a)(1)(B) of the Bankruptcy Code.
 - b. All pre-confirmation adequate protection payments required by 11 U.S.C. § 1326(a)(1)(c) payable to a creditor holding an allowed claim secured by personal property, to the extent that the claim is attributable to the purchase of such property by the Debtor shall be disbursed by the Chapter 13 Trustee.
 - c. Each creditor entitled to receive a pre-confirmation adequate protection payment pursuant to 11 U.S.C. § 1326(a)(1)(c) shall be paid each month the amount set forth in the column entitled "Adequate Protection". These amounts shall equal **1.00%** of the FMV of the property securing the corresponding creditor's claim <u>or</u> the monthly amount necessary to amortize the claim (computed at the Trustee's interest rate) over the life of the plan, whichever is less.
 - d. The principal amount of the adequate protection recipient's claim shall be reduced by the amount of the adequate protection payments remitted to the recipient.
 - e. All adequate protection payments disbursed by the Chapter 13 Trustee shall be subject to an administrative fee in favor of the Trustee equal to the Trustee's statutory percentage commission then in effect, and the Trustee shall collect such fee at the time of the distribution of the adequate protection payment to the creditor.
 - f. All adequate protection payments disbursed by the Chapter 13 Trustee shall be made in the ordinary course of the Trustee's business from funds in this case as they become available for distribution.
 - g. No adequate protection payment to a creditor who is listed in the plan as a secured creditor shall be required until a proof of claim is filed by such creditor which complies with Rule 3001 of the Federal Rules of Bankruptcy Procedure.
 - h. The Trustee shall not be required to make pre-confirmation adequate protection payments on account of any claim in which the collateral for such claim is listed in the plan as having a value of less than \$2,000.00.
 - i. The names, addresses and account numbers for each secured creditor entitled to receive a pre-confirmation adequate protection payment as set forth on Schedule D filed in this case are incorporated herein, as if set forth herein at length.
 - j. Adequate protection payments shall continue until all unpaid Debtor's Attorney's fees are paid in full.

16. Interest on Secured Claims:

- a. Arrearage: No interest shall accrue on any arrearage claim.
- b. Secured Debts Paid at FMV: The lesser of Trustee's interest rate (set pursuant to *In re Till*) and the contract interest rate.
- c. Secured Debts Paid in Full:
 - i. Regarding "910 vehicle" claims: Pursuant to 11 U.S.C. §1322, interest only to the extent that the value, as of the effective date of the plan (hereinafter the "Time Value"), of the motor vehicle exceeds the amount of the claim. The Time Value shall be the total of the payments to amortize the FMV of the motor vehicle, defined as 90% of the N.A.D.A. Retail, at the Trustee's interest rate over the total length of the Chapter 13 plan.
 - ii. All other secured claims: The lesser of the Trustee's interest rate and the contract interest rate.
- 17. **Debtor's Attorney's Fees**: In the event that the Trustee has, at the time of Confirmation, funds in excess of any amounts necessary to make adequate protection payments to holders of allowed secured claims for personal property, specifically excluding payments for real property due between the filing of the petition and Confirmation, all such funds shall be paid towards unpaid Debtor's Attorney's fees.
- 18. **Non-Vesting:** Property of the estate shall NOT re-vest in the Debtor upon confirmation of the Chapter 13 plan.
- 19. **Real Estate Taxes** Real estate taxes that are paid by the Debtor through an escrow account as part of any direct mortgage payment, or as part of a conduit payment made by the Trustee, shall continue to be paid by the Debtor through such escrow account and shall be disbursed by the servicer from such escrow account. They shall not be made separately by the Trustee.
- 20. <u>Transfer of Mortgage Servicing</u>: Pursuant to 12 U.S.C. § 2605(f), in the event that the mortgage servicing for any of the Debtor's mortgages is transferred during this case, notice of such transfer of service shall be provided to the Debtor, the Debtor's Attorney and the Chapter 13 Trustee within thirty (30) days. Such notice shall include the identity of the new servicer, the address and a toll-free

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telephone number for the new servicer, instructions on whom to contact with authority regarding such servicing, and the location where the transfer of mortgage servicing is recorded.

- 21. <u>401K Loans</u>: Upon payment in full of a 401K plan loan, the Debtor shall increase Debtor's 401K plan contributions by an amount equal to the amount that was being paid on said 401K loan.
- 22. <u>Non-Disclosure of Personal Information</u>: Pursuant to NCGS 75-66 and other state and federal laws, the Debtor objects to the disclosure of any personal information by any party, including without limitations, all creditors listed in the schedules filed in this case.
- 23. Other provisions of plan (if any): See "OTHER PROVISIONS" section.

Definitions

LTD: Long Term Debt and refers to both: (1) Debts which cannot be modified due to 11 U.S.C. § 1322(b)(2), and (2) Debts where modification in the plan will not result in a payment lower than the contract payment.

STD: Short Term Debt and refers to debts where the months left on the contract are less than or equal to 60 months.

Retain: Means the Debtor intends to retain possession and/or ownership of the collateral securing a debt.

910: Means and refers to the purchase money security interest portion of a claim secured by a motor vehicle, where the motor

vehicle was acquired within 910 days before the filing of the bankruptcy case for the personal use of the Debtor.

Sch D #: References the number of the secured debt as listed on Schedule D.

Int. Rate: Means Interest Rate to be paid a secured claim.

Dated: March 3, 2017

s/ Hilliard Williams Jr.

Hilliard Williams Jr.

(rev. 7/19/16)

UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF NORTH CAROLINA GREENSBORO DIVISION

In Re: Hilliard Williams Jr.	Case No	
Social Security No.: xxx-xx-1767	Chapter 13	
Address: 212 Charles Avenue, High Point, NC 27260		
De	btor.	

Below Median Income Disposable Income Calculation					
CMI Income (Before Marital Adjustment) (Form 22C-1, line 11)	\$ 0.00	Schedule I Income Minus Schedule I Expenses (Sch. I, line 12)	\$ 1,253.00		
Minus		(Scn. 1, line 12)			
Child Support received (1st column) (Sch. I, line 8c)	0.00				
Child Support received (2 nd column) (Sch. I, line 8c)	0.00				
Schedule I expenses (1st column)(Sch. I, line 6)	0.00				
Schedule I expenses (2 nd column)(Sch. I, line 6)	0.00				
Schedule J expenses (Not including proposed plan payment as expense (Sch. J, line 23b)	514.00	Schedule J expenses (Not including proposed plan payment as expense)	514.00		
Plan payment (Averaged over 36 months)	843.00	(Sch. J, line 23b)			
Equals Means Test Derived Disposable Income:	\$ -1,357.00	Equals Actual Disposable Income: (Sch. J, line 23c)	\$739.00		

(edocs rev. 10/25/16)

	CH. 13 PLAN -				Lastr	Date: 1/31/1	
	(MIDDLE DISTRICT				Lastnan		ams-1767
	RETAIN COLLATERAL &	PAY DIREC	T OUTSIDE PLAN	N		SURRENDER C	OLLATERAL
	Creditor Name	Sch D#	Description of C	ollateral	Credi	tor Name	Description of Collateral
		1					
Ketain							
Σ.							
	ARREARAGE CLAIMS				REJEC	TED EXECUTORY	CONTRACTS/LEASES
	Creditor Name	Sch D#	Arrearage	(See †)	Credi	tor Name	Description of Collateral
			Amount	**		All Arbitratio	n Provisions
				**		7111 /11 bittatio	11104510115
				**			
Ketain				**			
Ket				**			
	Wells Fargo-DOT		\$1,614	**			
				**			
				**			
				**			
Ī	LTD - DOT ON PRINCIPAL RES	SIDENCE &	OTHER LONG T	ERM DEB	TS		
	Creditor Name	Sch D#	Monthly	Int. Rate	Adequate	Minimum	Description of Collateral
	Wells Fargo-DOT	Sell D II	Contract Amount \$538	N/A	Protection n/a	Equal Payment \$538.00	House and Land
Retain	wens rargo-DO1	-	ф336	N/A	n/a	\$556.00	House and Land
Re				N/A	n/a		
				N/A	n/a		
				10/11	II) U	<u> </u>	
	STD - SECURED DEBTS @ FMV				A J	M::	
	Creditor Name	Sch D#	FMV	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
-	One Main-NPMSI		\$2,723	5.50	\$27	\$77.85	1999 Buick Century
= -			\$0	5.50		\$0.00	MTAL
Retain	Synchrony Bank						
Retair	Synchrony Bank			5.50			
Retair	Synchrony Bank			5.50 5.50			
	Synchrony Bank ID - SECURED DEBTS @ 100%						
		Sch D#	Payoff		Adequate	Minimum	Description of Collateral
	ID - SECURED DEBTS @ 100%	Sch D#		5.50 Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
S	ID - SECURED DEBTS @ 100%	Sch D#	Payoff	5.50	_		Description of Collateral
S	ID - SECURED DEBTS @ 100%	Sch D#	Payoff	5.50 Int. Rate 5.50	_		Description of Collateral
S	ID - SECURED DEBTS @ 100%	Sch D#	Payoff	5.50 Int. Rate 5.50 5.50	_		Description of Collateral
S	ID - SECURED DEBTS @ 100%	Sch D#	Payoff	5.50 Int. Rate 5.50 5.50 5.50	_		Description of Collateral
Retain	ID - SECURED DEBTS @ 100%	Sch D #	Payoff	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection	Equal Payment	
Ketain	TD - SECURED DEBTS @ 100% Creditor Name	Sch D#	Payoff Amount	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection PROPOSED C	Equal Payment HAPTER 13	PLAN PAYMENT
Ketain La	TD - SECURED DEBTS @ 100% Creditor Name ORNEY FEE (Unpaid part)	Sch D#	Payoff Amount	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection	Equal Payment	
Ketain La	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C.	Sch D#	Payoff Amount Amount \$2,500	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50 \$	Protection Proposed C 389	Equal Payment HAPTER 13 per month for	PLAN PAYMENT 1 months, then
Ketain La	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES		Payoff Amount Amount \$2,500	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50	Protection PROPOSED C	Equal Payment HAPTER 13	PLAN PAYMENT
Ketain La SEC IR Re	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens		Payoff Amount Amount \$2,500	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50 \$	Protection PROPOSED C 389 704	Equal Payment HAPTER 13 per month for	PLAN PAYMENT 1 months, then 59 months.
Ketain La	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Real		Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50 \$	Protection PROPOSED C 389 704	Equal Payment HAPTER 13 per month for per month for	PLAN PAYMENT 1 months, then 59 months.
SECO IR. Retain IR.	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Real ECURED PRIORITY DEBTS		Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50 \$	Protection ROPOSED C 389 704 Adequate Protection	Equal Payment HAPTER 13 per month for per month for	PLAN PAYMENT 1 months, then 59 months.
SECC IR. Ree	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Reale ECURED PRIORITY DEBTS S Taxes the Taxes		Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 5.50 \$	Protection ROPOSED C 389 704 Adequate Protection	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay n payments shall	PLAN PAYMENT 1 months, then 59 months. ment Period months or until the attorn
La Recum Rec	Creditor Name Creditor Name ORNEY FEE (Unpaid part) w Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Realt ECURED PRIORITY DEBTS S Taxes		Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ \$ Codes:	Protection PROPOSED C 389 704 Adequate Protection continue for	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay n payments shall	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorner fee is paid.
La Ketanu Rectanu Rect	Creditor Name Creditor Name ORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Realt ECURED PRIORITY DEBTS S Taxes ste Taxes rsonal Property Taxes	dy	Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ \$ Codes: Sch D #	Protection PROPOSED C 389 704 Adequate Protection continue for	Equal Payment CHAPTER 13 per month for per month for quate Protection Pay in payments shall r approximately:	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorr fee is paid.
Laa	Creditor Name Creditor Name ORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Realt ECURED PRIORITY DEBTS S Taxes tte Taxes rsonal Property Taxes mony or Child Support Arrearage		Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ \$ Codes: Sch D # Adequa	Protection PROPOSED C 389 704 Adequate Protection continue for	Equal Payment EHAPTER 13 per month for per month for per month for payments shall r approximately: secued debt as listed only 'Adequate Protection'	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorr fee is paid.
SECO-SAII (CO-SAII)	Creditor Name Creditor Name ORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Real ECURED PRIORITY DEBTS S Taxes te Taxes mony or Child Support Arrearage GIGN PROTECT (Pay 100%)	Int.%	Amount Amount \$2,500 Secured Amt	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ \$ Codes: Sch D # Adequa †= May	Protection PROPOSED C 389 704 Adequate Protection continue for the terrotection = Month, include up to 3 post-	Equal Payment EHAPTER 13 per month for per month for per month for payments shall r approximately: secued debt as listed only 'Adequate Protection'	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorr fee is paid. on Schedule D. on' payment amt.
La La SECO IR Ree UNS IR Sta Pee All	Creditor Name Creditor Name ORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Reale ECURED PRIORITY DEBTS S Taxes tet Taxes rsonal Property Taxes mony or Child Support Arrearage EIGN PROTECT (Pay 100%) Co-Sign Protect Debts (See*) ERAL NON-PRIORITY UNSECT	Int.%	Payoff Amount Amount \$2,500 Secured Amt Amount	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ \$ Codes: Sch D # Adequa † = May * Co-sig	Protection PROPOSED C 389 704 Adequate Protection continue for the terrotection = Month, include up to 3 post-	per month for per month for per month for per month shall r approximately: secued debt as listed ally 'Adequate Protection petition payments. so designated on the	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorr fee is paid. on Schedule D. on' payment amt.
SECO-SEALI	Creditor Name Creditor Name ORNEY FEE (Unpaid part) W Offices of John T. Orcutt, P.C. URED TAXES S Tax Liens al Property Taxes on Retained Reale ECURED PRIORITY DEBTS S Taxes tet Taxes rsonal Property Taxes mony or Child Support Arrearage EIGN PROTECT (Pay 100%) Co-Sign Protect Debts (See*) ERAL NON-PRIORITY UNSECU	Int.%	Payoff Amount Amount \$2,500 Secured Amt Amount Amount Amount	5.50 Int. Rate 5.50 5.50 5.50 5.50 \$ Codes: Sch D # Adequa † = May * Co-sig ** = Gri	Protection PROPOSED C 389 704 Adequate Protection continue for = The number of the tele Protection = Months include up to 3 post-ten protect on all debts reater of DMI x ACP of the protection in the protection in the protect of the protect o	per month for per month for per month for per month shall r approximately: secued debt as listed ally 'Adequate Protection petition payments. so designated on the	PLAN PAYMENT 1 months, then 59 months. ment Period 25 months or until the attorr fee is paid. on Schedule D. on' payment amt. filed schedules. (Page 4 of 4)

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Fill in this information t	o identify you	r case:				
	ard Williams					
First N		Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) First N	lame	Middle Name	Last Name			
United States Bankruptcy	Court for the:	MIDDLE DISTRICT OF NORTH	CAROLINA	(NC EXEMPTIONS)		
Case number						
(if known)					☐ Check	if this is an
					ameno	led filing
Official Form 106	D					
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		al lass Darasa austr	_	
Schedule D: C	realtors	Who Have Claims S	ecure	a by Property	<u>/</u>	12/15
		f two married people are filing togethe ut, number the entries, and attach it to				
1. Do any creditors have cla	nims secured by	your property?				
☐ No. Check this bo	x and submit th	is form to the court with your other s	chedules. Y	ou have nothing else to	report on this form.	
Yes. Fill in all of the	ne information b	pelow.				
Part 1: List All Secur	ed Claims					
2. List all secured claims.	f a creditor has m	nore than one secured claim, list the cred	itor separately	Column A	Column B	Column C
		a particular claim, list the other creditors all order according to the creditor's name		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 OneMain Finance	ial	Describe the property that secures the	e claim:	\$6,589.94	\$2,723.00	\$3,866.94
Creditor's Name		1999 Buick Century 88,676 m VIN: 2G4WS52M3X1633297	iles			
		State Farm Insurance Policy	<i>‡</i>			
		1935488-D12-33				
		90% Clean Retail As of the date you file, the claim is: C	haalt all that			
117 W. parris Av		apply.	neck all that			
High Point, NC 2		Contingent				
Number, Street, City, State	e & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Che	ck one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as m	ortgage or se	cured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor 2 or	•	☐ Statutory lien (such as tax lien, mech☐ Judgment lien from a lawsuit	ıanic's lien)			
At least one of the debtor Check if this claim related			Non-Purch	nase Money Securit	v Interest	
community debt	ies to a	Other (including a right to offset)	1011-1 0101	lase Money Securit	y interest	
Date debt was incurred		Last 4 digits of account number	er <u>0465</u>			
Synchrony Bank	(-				*	
waimart		Describe the property that secures th		\$3,707.00	\$39,400.00	\$0.00
Creditor's Name		212 Charles Avenue High Poi 27260 Guilford County	nt, NC			
		Valuation Method (Sch. A & E	3) : Tax			
		Value				
Post Office Box		As of the date you file, the claim is: C apply.	heck all that			
Orlando, FL 328		Contingent				
Number, Street, City, State	e & Zip Code	Unliquidated				
Who owes the debt? Che	ck one.	Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as m	ortgage or se	cured		
Debtor 2 only		car loan)	-			
Debtor 1 and Debtor 2 or	-	Statutory lien (such as tax lien, mech	nanic's lien)			
☐ At least one of the debtor	rs and another	☐ Judgment lien from a lawsuit				

Official Form 106D

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Debtor 1	Hilliard Williams, Jr.		Cas	e number (if know)		
	First Name Middle N	ame Last Name		_		
	if this claim relates to a nunity debt	Other (including a right to offset)	1st Judgment	Lien		
Date debt	was incurred	Last 4 digits of account num	ber			
リソスコ	lls Fargo Home rtgage****	Describe the property that secures	the claim:	\$33,263.47	\$39,400.00	\$0.00
Att Pos Des	n: Managing Agent st Office Box 10335 s Moines, IA 50306 ber, Street, City, State & Zip Code	212 Charles Avenue High P 27260 Guilford County Valuation Method (Sch. A & Value As of the date you file, the claim is: apply. Contingent Unliquidated	В) : Тах			
Who owe	s the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
☐ Debtor☐ Debtor☐	1 only	☐ An agreement you made (such as car loan)	mortgage or secured			
☐ Debtor	1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
At leas	t one of the debtors and another	☐ Judgment lien from a lawsuit				
	if this claim relates to a nunity debt	Other (including a right to offset)	1st Deed of Tr	ust		
Date debt	was incurred	Last 4 digits of account num	ber <u>0408</u>			
If this is	•	olumn A on this page. Write that nun the dollar value totals from all pages		\$43,560.41 \$43,560.41	=	
Part 2:	List Others to Be Notified fo	r a Debt That You Already Listed	<u> </u>			
trying to c	collect from you for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the additional is page.	in Part 1, and then I	ist the collection agency	here. Similarly, if you h	nave more
Fe De 15	me, Number, Street, City, State & deral Housing Authority* partment of HUD 00-401 Pine Croft Road eensboro, NC 27407			e in Part 1 did you enter th	e creditor? 2.3	

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					:		
Fill in	this informa	tion to identify your	case:				
Debtor	r 1	Hilliard Williams,	Jr.				
20210.		First Name	Middle N	ame	Last Name	-	
Debtor						_	
(Spouse	if, filing)	First Name	Middle N	ame	Last Name		
United	l States Bank	ruptcy Court for the:	MIDDLE DIS	STRICT OF N	IORTH CAROLINA (NC EXEMPTIONS)	-	
Case r	number						
(if known	n)			_			heck if this is an
						a	mended filing
Offici	ial Form	106F/F					
		F: Creditors W	ho Have	Hneacur	red Claims		12/15
					IORITY claims and Part 2 for creditors with	NONDDIODITY alair	
left. Atta name ar	ach the Contir nd case numb	nuation Page to this pag er (if known).	je. If you have r	no information t	ce is needed, copy the Part you need, fill it o to report in a Part, do not file that Part. On t		
Part 1		of Your PRIORITY Un					
_	•	have priority unsecure	a ciaims agains	st your			
_	No. Go to Part	t 2.					
	Yes.	-f V NONDDIODIT	V II	Claima			
Part 2		of Your NONPRIORIT					
_	-	have nonpriority unsec	_				
Ц	No. You have	nothing to report in this p	art. Submit this	form to the court	rt with your other schedules.		
	Yes.						
uns tha	secured claim,	list the creditor separately	y for each claim.	. For each claim	r of the creditor who holds each claim. If a c n listed, identify what type of claim it is. Do not li f you have more than three nonpriority unsecur	ist claims already inc	luded in Part 1. If more
							Total claim
4.1	.IMPORTA	ANT NOTICE:		Last 4 digits o	of account number		\$0.00
	_ ' '.	Creditor's Name se re: creditor clain	no cot	When was the	e debt incurred?		
		Schedule A	15 561	Wileii was tile			
		et City State Zlp Code		As of the date	e you file, the claim is: Check all that apply		
	Who incurre	ed the debt? Check one.					
	Debtor 1	only		☐ Contingent	:		
	Debtor 2	only		☐ Unliquidated	ed		
	Debtor 1	and Debtor 2 only		☐ Disputed			
	☐ At least o	one of the debtors and and	other		PRIORITY unsecured claim:		
		this claim is for a com	munity	Student loai			
	debt	subject to offset?		Obligations report as priorit	s arising out of a separation agreement or divor	ce that you did not	
	No	audient to ouset t			ny ciaims ension or profit-sharing plans, and other similar	dehts	
				_			
	☐ Yes			Other. Spec	cify		

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Debto	or 1 Hilliard Williams, Jr.	Case number (if know)	
4.2	Capital One Nonpriority Creditor's Name	Last 4 digits of account number 4337	\$2,524.58
	Post Office Box 71083	When was the debt incurred?	
	Charlotte, NC 28272 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	To a me date year me, and dammer of look an anacoppy	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
		Credit Card Purchases	
	Yes	■ Other. Specify Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.3	Chase	Last 4 digits of account number	\$2,315.00
	Nonpriority Creditor's Name Post Office Box 15153 Wilmington, DE 19886-5153	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED	
4.4	Members Credit Union	Last 4 digits of account number 7465	\$485.46
	Nonpriority Creditor's Name Post Office Box 5297 Winston Salem, NC 27113-5297	When was the debt incurred?	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Credit Card Purchaes Disputed re: amt, int, fees, ownership, etc. Other. Specify NOT ADMITTED	

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Debtor 1 Hilliard Williams, Jr.			Case number (if know)						
4.5	Merrick Ba		Last 4 digits of ac	count number					\$2,114.00
	Post Office		When was the del	ot incurred?					
		City State Zlp Code	As of the date you	ı file, the claim i	is: Check	all that app	ply		
	Who incurred	the debt? Check one.							
	■ Debtor 1 on	ıly	☐ Contingent						
	Debtor 2 on	ıly	☐ Unliquidated						
	Debtor 1 an	d Debtor 2 only	☐ Disputed						
\square At least one of the debtors and anothe			Type of NONPRIO	RITY unsecured	d claim:				
	☐ Check if th	is claim is for a community	☐ Student loans						
		ubject to offset?	Obligations aris	aims	J		•	did not	
	No		☐ Debts to pensio	·	•		imilar debts		
				Credit Card				-1-	
	☐ Yes		Other. Specify	NOT ADMI	e: amt,	int, fees	s, ownership	, etc.	
	Wells Farm	o Credit Bureau							
4.6	Disputes*		Last 4 digits of ac	count number			_		\$2,824.00
		Box 14517	When was the deb	ot incurred?					
	Des Moines	s, IA 50306 City State Zlp Code	As of the date you	ı file the claim i	is. Chack	all that an	nlv		
		the debt? Check one.	no or the date you	i ilio, tilo olalili i	o. Oncor	t all triat ap	Piy		
	Debtor 1 on	ıly	☐ Contingent						
	Debtor 2 on	ıly	☐ Unliquidated						
	Debtor 1 an	nd Debtor 2 only	☐ Disputed						
	At least one	e of the debtors and another	Type of NONPRIO	RITY unsecured	d claim:				
	☐ Check if th	is claim is for a community	☐ Student loans						
	debt Is the claim su	ubject to offset?	Obligations aris		ration agi	reement or	divorce that you	did not	
	■ No		Debts to pension	n or profit-sharin	g plans, a	and other s	imilar debts		
	☐ Yes		Other. Specify		e: amt,		, ownership	, etc.	
			,	NOT ADMI	IILD				
Part 3:	List Other	s to Be Notified About a Debt T	hat You Already	Listed					
is tryii have i	ng to collect from	you have others to be notified abou om you for a debt you owe to some creditor for any of the debts that yo s in Parts 1 or 2, do not fill out or su	one else, list the ori u listed in Parts 1 o	ginal creditor in	Parts 1	or 2, then	list the collection	n agency he	re. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Unse	cured Claim						
	the amounts of	certain types of unsecured claims.	This information is	for statistical re	eporting	purposes	only. 28 U.S.C.	§159. Add th	e amounts for each
							Total Claim		
,	6a. Fotal	Domestic support obligations			6a.	\$		0.00	
cla from P	aims art 1 6b.	Taxes and certain other debts yo	u owe the governme	ent	6b.	\$		0.00	
	6c.	Claims for death or personal inju	-		6c.	\$		0.00	
	6d.	Other. Add all other priority unsecu	red claims. Write that	amount here.	6d.	\$		0.00	
	6e.	Total Priority. Add lines 6a through	n 6d.		6e.	\$		0.00	
							Total Claim		
	6f. Fotal	Student loans			6f.	\$		0.00	
cla	aims								

Official Form 106 E/F

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D

Debtor 1	Hillia	d Wi	Illiams, Jr.
from Part	2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
		6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.
		6j.	Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 10,263.04
6j.	\$ 10,263.04

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Fill in this infor	mation to identify your	case:		
Debtor 1	Hilliard Williams,	Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	MIDDLE DISTRICT OF	NORTH CAROLINA (NC EX	(EMPTIONS)
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Р	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	ADT Security Services** 2515 Downing Road Fayetteville, NC 28312-8225	Home Security System Began 5/2016 Term: 3 Years
2.2	DIRECTV ** ATTN: Bankruptcies Post Office Box 6550 Greenwood Village, CO 80155-6550	Satellite Contract Began 5/2015 Term: 2 Year

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Debtor 2 Hilliard Williams, Jr. Test Name Middle Name Last	Fill in thi	s information to identify your	case:		
Debtor 2 September Heral Name Middle Name Last Name	Debtor 1	Hilliard Williams,	Jr.		
United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) Case number (thrown) Check if this is an amended filing Offficial Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, lill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No Yes Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filling with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner, Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule EF (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule EF, or Schedule G (Official Form 106D), Schedule EF, in a	Dobtor 2	First Name	Middle Name	Last Name	_
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Schedule H: Your Codebtors

Debtor 1 Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) Case number (If known) Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106I Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed,	Fill	in this information to identify your	case:								
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Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Employer's address								
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$			How long employed t	here?							
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	Pai	t 2: Give Details About Mo	onthly Income								
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. S 0.00 S N/A 3. Estimate and list monthly overtime pay. 3. H\$ 0.00 +\$ N/A	spoo	use unless you are separated. u or your non-filing spouse have m	nore than one employer, co	,		•			·	,	J
2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$		o opulos, aliasii a oopulalo onoot l	5 tille 101111.				For Del	btor 1			
	2.				2.	\$		0.00	\$	N/A	
	3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
	4.	Calculate gross Income. Add I	ine 2 + line 3.		4.	\$			\$		

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Hilliard Williams, Jr.	_	С	ase number (if kn	own)				
					For Debtor 1			Debtor		
	Cor	by line 4 here	4.		\$ 0	.00	\$	i-iiiiig s	N/A	l
_							· –		14,71	-
5.		all payroll deductions:	_		•		•			
	5a.	Tax, Medicare, and Social Security deductions	5a.			.00	\$_ \$		N/A	-
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b. 5c.		:	.00	\$_		N/A N/A	_
	5d.	Required repayments of retirement fund loans	5d.		·	.00	\$-		N/A	-
	5e.	Insurance	5e.		·	.00	\$-		N/A	-
	5f.	Domestic support obligations	5f.		:	.00	\$		N/A	=
	5g.	Union dues	5g.		\$ 0	.00	\$		N/A	•
	5h.	Other deductions. Specify:	5h.	.+	\$ 0	.00	+ \$_		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	\$ 0	.00	\$_		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$ 0	.00	\$_		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.			.00	\$_		N/A	
	8b.	Interest and dividends	8b.		\$0	.00	\$_		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	_	\$ 0	.00	\$		N/A	
	8d.	Unemployment compensation	8d.		·	.00	\$_		N/A	-
	8e.	Social Security	8e.			.00	\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security(\$1,362.00-\$109.00)	8f.		\$ 1,253	.00	\$		N/A	-
	8g.	Pension or retirement income	8g.		\$ 0	.00	\$		N/A	-
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$0	.00	+ \$_		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,253	.00	\$_		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,253.00	+ \$		N/A	= \$	1,253.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,					,
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excity:	depe		•				e J. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certaillies). 12.	\$Combin	
12	Do	you expect an increase or decrease within the year after you file this form	?						monthl	y income
١٥.		No.	•							
		Yes. Explain:			·					

Official Form 106I Schedule I: Your Income page 2

Filli	n this informa	tion to identify yo	ur case:					
Debt		Hilliard Willia				Check	t if this is:	
Debt	or 2		-, -			_	An amended filing	uina naatnatitian ahantar
	use, if filing)							ving postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the:		E DISTRICT OF NORTH C PTIONS)	AROLINA (NC		/IM / DD / YYYY	
1	e number nown)							
		rm 106J				•		
		J: Your I			a filim m ta matham h	-4h	lh	12/1
info num	rmation. If m	ore space is neen n). Answer ever	eded, atta y questio	. If two married people ar ich another sheet to this i n.				
Part 1.	Is this a joir	ribe Your House nt case?	noia					
	■ No. Go to	o line 2. es Debtor 2 live i	n a separ	ate household?				
	□ N □ Y	_	t file Offic	ial Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.		enses include		No				— 100
	yourself and	f people other th d your depender	nan nts? □	Yes				
exp	mate your ex		ur bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the	ude expense value of such icial Form 10	h assistance and	non-cash d have ind	government assistance it cluded it on Schedule I: Y	f you know Your Income		Your exp	enses
,		,						
4.		or home owners and any rent for the		ises for your residence. In or lot.	nclude first mortgage	e 4. \$		0.00
	If not includ	led in line 4:						
		led in line 4: estate taxes				4a. \$		0.00
	4a. Real e 4b. Prope	estate taxes rty, homeowner's				4b. \$		0.00
	4a. Real e 4b. Prope 4c. Home	estate taxes rty, homeowner's	pair, and ı	upkeep expenses				

ebtor	1 <u>Hilliar</u>	rd Williams, Jr.	Case num	ber (if known)	
Ut	ilities:				
6a	. Electric	city, heat, natural gas	6a.	\$	81.00
6b	. Water,	, sewer, garbage collection	6b.	\$	0.00
6c	. Teleph	none, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d	. Other.	Specify: Cable	6d.	\$	50.00
	Home	Phone		\$	27.49
Fo	od and ho	ousekeeping supplies	7.	\$	80.00
Ch	nildcare ar	nd children's education costs	8.	\$	0.00
CI	othing, lau	undry, and dry cleaning	9.	\$	0.00
Pe	rsonal ca	re products and services	10.	\$	0.00
Me	edical and	dental expenses	11.	\$	50.00
Tr	ansportati	ion. Include gas, maintenance, bus or train fare.			50.00
		de car payments.	12.	·	50.00
		ent, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		ontributions and religious donations	14.	\$	0.00
	surance.				
		de insurance deducted from your pay or included in lines 4 or 20.		c	440.00
	a. Life ins		15a.	·	116.00
		insurance	15b.		0.00
		e insurance	15c.	\$	59.51
		insurance. Specify:	15d.	\$	0.00
Sp	ecify:	ot include taxes deducted from your pay or included in lines 4 or	16.	\$	0.00
		or lease payments:		_	
		ayments for Vehicle 1	17a.		0.00
	•	ayments for Vehicle 2		\$	0.00
	c. Other.		17c.	\$	0.00
	d. Other.	· · ·	17d.	\$	0.00
		nts of alimony, maintenance, and support that you did not r		c	0.00
		om your pay on line 5, Schedule I, Your Income (Official For	m 106I). 18.	·	
		ents you make to support others who do not live with you.	40	\$	0.00
	ecify:	and the second s	19.		
		roperty expenses not included in lines 4 or 5 of this form or ages on other property	on <i>Schedule I: Yo</i> 20a.		0.00
	_				0.00
		estate taxes	20b. 20c.		0.00
		rty, homeowner's, or renter's insurance		·	0.00
		enance, repair, and upkeep expenses	20d.	·	0.00
		owner's association or condominium dues	20e.		0.00
Ot	her: Speci		21.	+\$	0.00
Ca	alculate yo	our monthly expenses			
		es 4 through 21.		\$	514.00
		ne 22 (monthly expenses for Debtor 2), if any, from Official Form	106J-2	\$	
		22a and 22b. The result is your monthly expenses.		\$	514.00
22	o. Add IIIIC	224 and 220. The result is your monthly expenses.			314.00
		our monthly net income.			
23	a. Copy li	ine 12 (your combined monthly income) from Schedule I.	23a.	\$	1,253.00
23	b. Copy y	your monthly expenses from line 22c above.	23b.	-\$	514.00
23		act your monthly expenses from your monthly income.	23c.	S	739.00
	The re	sult is your monthly net income.	230.	Ψ	1 33.00
Fo	r example, dodification to	ect an increase or decrease in your expenses within the year do you expect to finish paying for your car loan within the year or do you enthe terms of your mortgage?			ase or decrease because of a
	No.				
	Yes.				

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	in this information to identify your cas	e:			
Deb	tor 1 Hilliard Williams, Jr. First Name	Middle Name	Last Name		
	tor 2				
(Spo	use if, filing) First Name	Middle Name	Last Name		
Uni	ed States Bankruptcy Court for the:	IIDDLE DISTRICT OF	NORTH CAROLINA (NC EXEMPTIONS)		
Cas (if kn	e number own)				Check if this is an
					amended filing
Of	icial Form 106Sum				
Su	mmary of Your Assets an	d Liabilities ar	nd Certain Statistical Informati	ion	12/15
info you	mation. Fill out all of your schedules f original forms, you must fill out a new	irst; then complete th	e are filing together, both are equally respons ne information on this form. If you are filing a k the box at the top of this page.		
Par	1: Summarize Your Assets				
					our assets /alue of what you own
1.	Schedule A/B: Property (Official Form 1a. Copy line 55, Total real estate, from				\$ 40,286.80
	1b. Copy line 62, Total personal propert	y, from Schedule A/B.			\$ 7,290.33
	1c. Copy line 63, Total of all property on	Schedule A/B			\$ 47,577.13
Par	2: Summarize Your Liabilities				
					Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claim 2a. Copy the total you listed in Column 2		(Official Form 106D) the bottom of the last page of Part 1 of Schedule	e D	\$ 43,560.41
3.	Schedule E/F: Creditors Who Have Uns 3a. Copy the total claims from Part 1 (p	secured Claims (Officia riority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>		\$0.00
	3b. Copy the total claims from Part 2 (n	onpriority unsecured o	claims) from line 6j of Schedule E/F		\$ 10,263.04
			Your total liab	ilities \$_	53,823.45
Par	3: Summarize Your Income and Ex	penses		<u> </u>	
4.	Schedule I: Your Income (Official Form Copy your combined monthly income from		ə I		\$ 1,253.00
5.	Schedule J: Your Expenses (Official For Copy your monthly expenses from line 2				\$ 514.00
Par	4: Answer These Questions for Ad	ministrative and Stat	istical Records		
6.	Are you filing for bankruptcy under C No. You have nothing to report on	• • •	heck this box and submit this form to the court w	vith your oth	ner schedules.
7.	Yes What kind of debt do you have?				
			debts are those "incurred by an individual primar of for statistical purposes. 28 U.S.C. § 159.	ily for a pe	rsonal, family, or
	Your debts are not primarily con		ve nothing to report on this part of the form. Che	ck this box	and submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Hilliard Williams, Jr. Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this info	ormation to identify ye	our case:			
Debtor 1	Hilliard Williar	ns. Jr.			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for th	e: MIDDLE DISTRICT OF	NORTH CAROLINA (NC EXI	EMPTIONS)	
Case number					
(if known)					☐ Check if this is an
					amended filing
			Debtor's Sch		12/15
ir two married	people are filing toge	ther, both are equally respo	onsible for supplying correct	t information.	
obtaining mon years, or both.		id in connection with a ban			ment, concealing property, or b, or imprisonment for up to 20
Jid you إ	pay or agree to pay so	meone who is NOT an atto	rney to help you fill out banl	kruptcy forms?	
■ No					
☐ Yes.	Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
that they	nalty of perjury, I decl are true and correct. illiard Williams, Jr.	are that I have read the sun	nmary and schedules filed w	rith this declaration	n and
	rd Williams, Jr.		Signature of Del	btor 2	
	ture of Debtor 1		-		
Date	March 3, 2017		Date		

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

In r	e Hil	liard Williams,	Jr.		(Case 1	No.	
					Debtor(s)	Chapt	er 13	
		DISCL	OSURE OF C	OMPENSAT	ON OF ATT	ORNEY FOR	DEBTOR(S)	l
1.	compen	sation paid to me	329(a) and Fed. Bank within one year before the debtor(s) in conte	ore the filing of the	petition in bankrupt	cy, or agreed to be	paid to me, for serv	
	Fo	r legal services, I	have agreed to accep	ot		\$	2,500.00	<u>)</u>
			this statement I have				0.00	<u>)</u>
	Ba	lance Due					2,500.00	<u>)</u>
2.	\$ <u>0.0</u>	of the filing	fee has been paid.					
3.	The sou	arce of the compe	nsation paid to me wa	as:				
		Debtor \square	Other (specify):					
4.	The sou	irce of compensat	ion to be paid to me	is:				
		Debtor	Other (specify):					
5.	■ I ha	ave not agreed to	share the above-discl	osed compensation	with any other pers	on unless they are r	nembers and assoc	iates of my law firm.
			e the above-disclosed					of my law firm. A
5.	In retur	n for the above-d	isclosed fee, I have a	greed to render lega	al service for all asp	ects of the bankrup	tcy case, including	:
	b. Prep	paration and filing resentation of the ner provisions as a Exemption pl	r's financial situation g of any petition, sche debtor at the meeting needed] anning, Means Te y Bankruptcy Cou	edules, statement of g of creditors and co st planning, and	affairs and plan wh onfirmation hearing other items if sp	aich may be required, and any adjourned	l; hearings thereof; ed in attorney/cl	ient fee contract
7.	By agre	Representation	ebtor(s), the above-di on of the debtors i and any other item	in any discharge	ability actions, re	elief from stay ac		
		each, Judgme Class Certific	ected, where appli ent Search: \$10 ea ation: Usually \$8 r session, or para	ach, Credit Coun each, Use of con	seling Certification nputers for Credi	on: Usually \$34 լ it Counseling bri	oer case, Finance efing or Financi	cial Management al Managment
				CERT	TIFICATION			
this		that the foregoin tcy proceeding.	g is a complete states	ment of any agreem	ent or arrangement	for payment to me	for representation of	of the debtor(s) in
ı	March	3, 2017			/s/ Benjamin B	usch		
_	Date	•			Benjamin Buse	ch 43458		
					Signature of Atto The Law Office	<i>rney</i> es of John T. Ord	utt. PC	
					6616-203 Six F	orks Road	, · ·	
					Raleigh, NC 27	′615 Fax: (919) 847∹	3430	
					postlegal@joh		JTJJ	
					Name of law firm			

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

- \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:				
Debtor 1	Hilliard Williams, Jr.			
Debtor 2 (Spouse, if filing)				
United States B	Bankruptcy Court for the:	Middle District of North Carolina (NC Exemptions)		
Case number(if known)				

Check as directed in lines 17 and 21:					
According to the calculations required by this Statement:					
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).			
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).			
		3. The commitment period is 3 years.			
		4. The commitment period is 5 years.			

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

aaa.									
Part	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check one of	nly.							
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2-11.								
10 th	II in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-re 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that	month peri al by 6. Fill	od would in the re	be March 1 sult. Do not	1 throug	gh August 31. e any income	If the amount m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and coi	nmissio	ons (before	e all	\$	0.00	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymer	nts from	a spouse	if (\$	0.00	\$	
4.	All amounts from any source which are regularly por you or your dependents, including child suppor from an unmarried partner, members of your household and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	t. Include ld, your d	regular epende	contribution nts, parent	ions its, not	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor	1						
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from a business, profession, or fa	rm \$	0.00	Copy he	re -> \$	S	0.00	\$	
6.	Net income from rental and other real property	Debtor							
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00						
	Net monthly income from rental or other real property	\$	0.00	Copy her	re -> \$	3	0.00	\$	

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

						Column / Debtor 1		Column B Debtor 2 c non-filing	or	
7.	Inte	rest, dividends, and royalties				\$	0.00	\$	-	
		mployment compensation				\$	0.00	\$		
		not enter the amount if you contend Social Security Act. Instead, list it h		was a benefit und	der					
	F	or you	\$	0.00						
		or your spouse								
9.		sion or retirement income. Do no efit under the Social Security Act.	ot include any amount recei	ved that was a		\$	0.00	\$		
10.	Do r rece dom	ome from all other sources not line include any benefits received unived as a victim of a war crime, a cestic terrorism. If necessary, list of below.	nder the Social Security Act crime against humanity, or in	t or payments nternational or						
						\$	0.00	\$		
						\$	0.00	\$		
		Total amounts from separate	pages, if any.		+	\$	0.00	\$		
11.		culate your total average monthly column. Then add the total for Co				0.00	+ \$_		= \$	0.00
12. 13.	Cop	y your total average monthly inc	come from line 11.						\$	0.00
		You are not married. Fill in 0 belo								
		You are married and your spouse	is filing with you. Fill in 0 be	elow.						
		You are married and your spouse	• ,							
		Fill in the amount of the income lidependents, such as payment of	sted in line 11, Column B, the spouse's tax liability or t	nat was NOT reg the spouse's sup	ulaı	rly paid for	the house	hold expense	s of you or y	
		Below, specify the basis for exclu			por	t or some	me other tr	an you or you	ır dependen	our ts.
		adjustments on a separate page.	ding this income and the an							ts.
		adjustments on a separate page. If this adjustment does not apply,		nount of income						ts.
				nount of income						ts.
				nount of income \$ \$ \$						ts.
				nount of income						ts.
		If this adjustment does not apply,		nount of income \$ \$ \$ +\$		roted to ea	ch purpose			ts.
14.	Yo	If this adjustment does not apply,	enter 0 below.	nount of income \$ \$ \$ +\$		roted to ea	ch purpose	e. If necessary		ts. nal
		If this adjustment does not apply, Total	enter 0 below.	s s s s s s s s s s s s s s s s s s s		roted to ea	ch purpose	e. If necessary	, list addition	0.00
	Ca	Total ur current monthly income. Sub	enter 0 below.	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	dev	oted to ea	.00 Ca	e. If necessary	, list addition	0.00
	Ca	Total ur current monthly income. Sub	enter 0 below. tract line 13 from line 12. ome for the year. Follow t	s \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	dev	oted to ea	.00 Ca	e. If necessary	, list addition	0.00 0.00

Hilliard Williams, Jr.

Debtor 1

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Debt	or 1	Hilli	ard Williams, Jr.		Case number (if known)		
16	. Calo	culate	the median family income that applies to	you. Follow these steps	S:		
	16a	. Fill ir	the state in which you live.	NC NC			
	16b.	. Fill ir	the number of people in your household.	1			
	16c.	Fill in	the median family income for your state and	size of household.		\$	42,411.00
		To fi	nd a list of applicable median income amount actions for this form. This list may also be ava	s, go online using the lir	nk specified in the separate	Ψ_	·
17	. Hov	v do t	he lines compare?				
	17a.	•	Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N		•		
	17b.	. 🗆	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a	ulation of Your Dispos			
Par	t 3:	Ca	Iculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)			
18.	Сор	у уог	rr total average monthly income from line	11 .		\$	0.00
 Deduct the marital adjustment is contend that calculating the common spouse's income, copy the amount 		end tl use's	ne marital adjustment if it applies. If you are not calculating the commitment period under noome, copy the amount from line 13. marital adjustment does not apply, fill in 0 on	11 U.S.C. § 1325(b)(4) a	is not filing with you, and you allows you to deduct part of your	- \$	0.00
	19b.	Subt	ract line 19a from line 18.			\$	0.00
20.	Cald	culate	your current monthly income for the year	. Follow these steps:			
	20a	Copy	line 19b			\$_	0.00
		Multi	ply by 12 (the number of months in a year).				x 12
	20b.	. The	result is your current monthly income for the y	ear for this part of the f	orm	\$_	0.00
200		Сору	the median family income for your state and	\$_	42,411.00		
	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	ise ordered by the court	t, on the top of page 1 of this form, ch	neck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	nless otherwise ordered	by the court, on the top of page 1 of	this form, c	heck box 4, The

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Debtor 1	Hilliard Williams, Jr.	Case number (if known)
Part 4:	Sign Below	
By s	igning here, under penalty of perjury I declare that the information	on this statement and in any attachments is true and correct.
X /s/	Hilliard Williams, Jr.	
	liard Williams, Jr. nature of Debtor 1	
Date	March 3, 2017 MM / DD / YYYY	
If yo	u checked 17a, do NOT fill out or file Form 122C-2.	

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

North Carolina Employment Security Commission Post Office Box 26504 Raleigh, NC 27611

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241

Experian P.O. Box 2002 Allen, TX 75013-2002

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000

Internal Revenue Service (MD) ** Post Office Box 7346 Philadelphia, PA 19101-7346

US Attorney's Office (MD)**
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

ADT Security Services**
2515 Downing Road
Fayetteville, NC 28312-8225

Capital One Post Office Box 71083 Charlotte, NC 28272

Chase Post Office Box 15153 Wilmington, DE 19886-5153 DIRECTV **
ATTN: Bankruptcies
Post Office Box 6550
Greenwood Village, CO 80155-6550

Federal Housing Authority**
Department of HUD
1500-401 Pine Croft Road
Greensboro, NC 27407

Juanita William Deceased

Juanita William Deceased

Juanita William Deceased

Members Credit Union Post Office Box 5297 Winston Salem, NC 27113-5297

Merrick Bank ***
Post Office Box 9201
Old Bethpage, NY 11804-9201

OneMain Financial 117 W. parris Avenue High Point, NC 27262

Synchrony Bank- Walmart Post Office Box 965060 Orlando, FL 32896-5060

Wells Fargo Credit Bureau Disputes* Post Office Box 14517 Des Moines, IA 50306

Wells Fargo Home Mortgage****
Attn: Managing Agent
Post Office Box 10335
Des Moines, IA 50306

United States Bankruptcy Court Middle District of North Carolina (NC Exemptions)

White District of North Carolina (NC Exemptions)				
In re Hill	iard Williams, Jr.		Case No.	
		Debtor(s)	Chapter	13
VERIFICATION OF CREDITOR MATRIX				
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.				
Date: Marc	ch 3, 2017	/s/ Hilliard Williams, Jr.		
		Hilliard Williams, Jr.		

Signature of Debtor